

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)

A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)		B. STANDARD DOCUMENT NUMBER <i>(Org identifier/FY, Doc./ type code/ Serial number)</i>		C. REQUEST STATUS OR PROCESS CODE (X one) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">(1) Initial</td> <td style="width:50%; text-align: center;">(2) Resubmission</td> </tr> <tr> <td style="text-align: center;">(3) Correction</td> <td style="text-align: center;">(4) Cancellation</td> </tr> </table>		(1) Initial	(2) Resubmission	(3) Correction	(4) Cancellation	D. AMENDMENT NO.	
(1) Initial	(2) Resubmission										
(3) Correction	(4) Cancellation										

SECTION A - TRAINEE / APPLICANT INFORMATION

1. NAME (Last, First, Middle Initial)		2. 1st 5 LETTERS OF LAST NAME		3. SOCIAL SECURITY NUMBER		4. ED. LEVEL		5. CONTINUOUS FEDERAL SVC. a. Years b. Months	
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional)		7. TELEPHONE NUMBERS (Include area code)		8. POSITION TITLE					
		a. Home b. Office							
11. ORGANIZATION NAME		(1) Commercial		(2) DSN		9. POSITION LEVEL (X one)		10. PAY PLAN/SERIES/GRADE/STEP <i>(Rank/MOS/AFSC/or Navy Designator)</i>	
		a. Executive				b. Manager			
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)		13. ORGANIZATION UIC		16. ARE YOU HANDICAPPED OR DISABLED? (X one)		14. TYPE OF APPOINTMENT		15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS	
16. ARE YOU HANDICAPPED OR DISABLED? (X one)		No		d. Non-Supervisory		e. Other (Specify)			

SECTION B - TRAINING COURSE DATA

17. COURSE TITLE									
18. TRAINING OBJECTIVES (Benefits to be derived by the Government)						19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY			
						a. Name b. Mailing address (Include ZIP Code)			
20. COURSE CODES						c. Location of training site (If other than 19b)			
a. Purpose		f. Security Clearance		k. Training Program		21. COURSE HOURS (4 digits)		22. COURSE IDENTIFIERS	
b. Type		g. Allocation Status		l. Reason for Selection					
c. Source		h. Priority		23. TRAINING PERIOD (YYYYMMDD)		a. Duty		a. SAID	
d. Special Interest		i. Training Level							
e. Training Vendor		j. Method of Training		b. Complete		c. TOTAL		c. Offering/TLN	

SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box ➔									
25. DIRECT COSTS			26. INDIRECT COSTS (For information only)			27. ACCOUNTING CLASSIFICATION			
a. Tuition cost		a. Travel cost		b. Per diem/other costs					
b. Books, material, other costs		c. Total indirect costs		28. LABOR COSTS					
c. Total direct costs		d. Funding source		29. SIGNATURE OF FISCAL OFFICER (Follow local procedure)					
31. JOB ORDER NO.			30. TOTAL OF DIRECT & INDIRECT COSTS						

SECTION D - APPROVAL / CONCURRENCE / CERTIFICATION

32. SUPERVISOR: I certify training is job related and nominee meets prerequisites. <i>(If not, attach waiver.)</i>						33. TRAINING OFFICER: I certify this training meets regulatory requirements.							
a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)			a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)				
c. Signature & Title			d. Date (YYYYMMDD)			c. Signature & Title			d. Date (YYYYMMDD)				
34. AUTHORIZING OFFICIAL						35. COURSE ACCEPTANCE (To be completed by school official)							
a. Action (X one) ➔		(1) Approved		(2) Disapproved		a. Accepted		c. School Official Signature		d. Date (YYYYMMDD)			
b. Typed Name (Last, First, Middle Initial)		c. Phone number (Include area code)				b. Not Accepted							
36. COURSE COMPLETION (To be completed by school official)													
37. BILLING INSTRUCTIONS (Identify discount terms % days.) Furnish original invoice and 3 copies to:						a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. ➔		b. Actual Completion Date (YYYYMMDD)		c. Grade			
						d. Signature & Title						e. Date (YYYYMMDD)	
38. CERTIFYING GOVERNMENT OFFICIAL						a. I certify that this account is correct and proper for payment in the amount of: \$							
						b. Signature				c. Date Signed (YYYYMMDD)			
						d. DSSN Number		e. Check Number		f. Voucher Number			

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

39. WAS COURSE COMPLETED (<i>X one</i>)		40. ACTUAL COURSE DATES (YYYYMMDD)		41. ACTUAL COURSE HOURS		42. ACADEMIC GRADE/ SCORE
<input type="checkbox"/>	a. Yes (<i>If not, return form with a</i>	a. Commenced	b. Completed	a. Duty	b. Non-duty	
<input type="checkbox"/>	b. No (<i>memo explaining circumstances</i>)					

	b. No (Explain reason)
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A	B	C
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57. COMMENTS ON COURSE STRENGTHS/WEAKNESSES

58. HAVE YOU DISCUSSED THIS COURSE AND ITS APPLICATION TO THE JOB WITH THIS EMPLOYEE? (X one)	a. Yes	b. No
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a. Signature	b. Date (YYYYMMDD)
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a. Signature	b. Date (YYYYMMDD)
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AUTHORITY: 5 U.S.C. Sections 4101 - 4118; and E.O. 9397.

ROUTINE USE(S): Civilian training information is provided to Office of Personnel Management (OPM) for data reporting purposes stipulated in 5 U.S.C. 4115.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.